221450 1985-596 W

AUTHORIZED UTILITY REPRESENTATIVE FORM

| | TYPE: [] Water [|] Sewer | [] Both |
|-------|--|---|------------------------------------|
| | CERTIFICATED COMPA | ANY INFORI | MATION |
| | ompany Name | | |
| Db | HYDE PARK WATER WUR, | KS I | Telephone |
| 1 | DON SMITH | | 864-229-6453 |
| Ma | Mailing Address | | |
| City | ID HALTIWANGER RD ity, State, Zip Code | | |
| Bus | SOREEN WOOD 5C 29 usiness Location | 1649 | |
| City | usiness Location SEFNWOOD SC 25 ty, State, Zip Code | 9649 | County |
| | REGISTERED AGENT | | |
| Rea | gistered Agent: DONALD N 5m | | ION |
| l | | | |
| ! | illing Address: 110 HALTIWANG EA | | |
| City, | y, State, Zip Code: GREENWOOD 5 | <u> </u> | 29649 |
| Purs | rsuant to the Commission's rules and regulations, pr | int or type o | company contact for the following: |
| A. | Regulatory Officer: DoniALD N | | |
| | 864.229-6457 | | DN @ GOBENESIS. Com |
| | Telephone Number / Facsimile Number / E | E-mail Addre | SS SS |
| B. | Customer Relations (Complaints): | AME | |
| | | | |
| | Telephone Number / Facsimile Number / E | -mail Addres | SS TOTAL |
| C. | Engineering Operations: SAm | E. | R B. D. |
| | | | JAN 7 C ZIIIC |
| | | T. W. 20 (8) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | PSC SC Page 1 of 2 |

| | Telephone Number / Facsimile | Number / | E-mail Address | |
|---------------------------|--------------------------------------|-----------|----------------|--|
| D. | Test and Repair: | SAME | | |
| | T-LL N | | | |
| | Telephone Number / Facsimile | Number / | E-mail Address | |
| E. | Emergencies: | | | |
| (During Non-Office Hours) | | | | |
| 86 | 4-229-6453 1864-9 | 41-6674 | | |
| | Telephone Number / Facsimile N | umber / | E-mail Address | |
| F. | Financial: | 5AME | | |
| | T.I | | | |
| | Telephone Number / Facsimile Nu | mber / E- | mail Address | |
| G. | Customer Contact (Toll Free Number): | 1-80 | 64-941-6620 | |
| | | | • | |
| | | | Λ | |
| | DANALD N SMITH | | Donal M Smith | |
| | This form was completed by (print na | me) | Signature | |
| | President | | 1-10-10 | |
| | ııtle | | Date | |

RETURN COMPLETED FORM TO:

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201